Canadian Mental Health Association
Northern BC
Mental health for all

LINKS to Employment Program
Phone: 250-564-8644 ext. 204
Email: links@cmhanorthernbc.ca

Links to Employment Referral Form

Referral Date: _____ Referring Person: _____

Referring Person Contact Information: _____

Client Name: _____ Preferred Name/Pronouns: _____

Birth Date: _____

Client Primary Phone: _____ Client E-mail: _____

Client Aware and Consenting to Referral? ☐ Yes ☐ No

- If no, please inform the client their personal information will be shared to facilitate this referral, and a voicemail may be left on the provided phone number to set up intake.

Does the client identify as First Nations, Métis or Inuit? ☐ Yes ☐ No

Does the client meet ALL of the following criteria? ☐ Yes ☐ No

- Facing long term complex and multiple health and social barriers
- Motivation to attain meaningful employment and/or volunteer work
- Registered and actively engaged with Primary Care
- Not receiving employment services from another IPS program or mental health team

What is the client's main focus? ☐ Employment ☐ Career Change ☐ Education ☐ Volunteer

Information related to client's vocational goals (e.g., type of job, desired hours, etc.):

_____

_____

_____

Challenges a client may have around engaging with Links to Employment staff or employers? Specific mental health, physical health or other clinical concerns? What should we know before contacting this client?

_____

_____

_____

Any additional information that could be important:

_____

_____

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Links to Employment will make 2 contact attempts by 2 methods when offering service